

NASFM JUVENILE FIRESETTING INTERVENTION PROJECT

New Jersey DATA COLLECTION FORM



AGENCY INFORMATION **COMPLETE BOTH SIDES of FORM**

New Jersey Local Municipal Code (LEA#) _____ Incident Date ____/____/____

CHILD INFORMATION (One form per incident; place answer in appropriate box.
Answer all questions. Only completed forms can be entered into database.)

| More than 4 children, use additional form(s) | Child 1 | Child 2 | Child 3 | Child 4 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|
| Age of child at time of incident | | | | |
| Race W (White), B (Black), H (Hispanic), A (Asian), I (Am. Indian, Alaska Native), O (Other), Specify _____ | | | | |
| Gender M (Male) F (Female) | | | | |
| Grade in school P (Preschool) K-12 (Enter Child's Grade Level) HS (Home School) SE (Special Education) NS (Not in School) | | | | |
| Language spoken at home E (English) S (Spanish) O (Other) Specify _____ | | | | |
| Previous fire play or misuse of fire Y (Yes) N (No) | | | | |
| Previous reported fire/ fire department response Y (Yes) N (No) | | | | |
| Other agency working with family N (None) M (Mental Health) SS (Social Services) JJ (Juvenile Justice) O (Other) Specify _____ | | | | |

INCIDENT INFORMATION (One form per incident)

| | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Number of fatalities resulting from this incident: _____ | Who was involved with this incident? <input type="checkbox"/> Child acted alone <input type="checkbox"/> Other unknown children involved <input type="checkbox"/> Other child/children listed above Original ignition source? (Select one) <input type="checkbox"/> Match <input type="checkbox"/> Lighter <input type="checkbox"/> Heating Appliance <input type="checkbox"/> Stove <input type="checkbox"/> Candles <input type="checkbox"/> Other (specify) _____ |
| Number of injuries resulting from this incident: _____ | |
| Number of people displaced as a result of this incident: _____ | |
| Dollar loss estimate (as per report only) \$ _____ | |

New Jersey DATA COLLECTION FORM

INCIDENT INFORMATION - Page 2

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item first ignited by ignition source? (Select one) <input type="checkbox"/> Paper/Cardboard/Tissue <input type="checkbox"/> Clothing <input type="checkbox"/> Furniture <input type="checkbox"/> Grass/Leaves/Branches <input type="checkbox"/> Flammable/Combustible Liquid <input type="checkbox"/> Fireworks <input type="checkbox"/> Other _____ <input type="checkbox"/> Bedding <input type="checkbox"/> Toys <input type="checkbox"/> Trash/Garbage <input type="checkbox"/> Animal/Person <input type="checkbox"/> Aerosol sprays <input type="checkbox"/> Explosive device | Action taken in response to fire? (Check all that apply) <input type="checkbox"/> Nothing <input type="checkbox"/> Referred to Youth Firesetting Intervention/Education <input type="checkbox"/> Referred to Legal Authority (Police/Fire Investigator) <input type="checkbox"/> Other (specify) _____ |
| Referral to program initiated by? (Select one) <input type="checkbox"/> Fire report <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> School <input type="checkbox"/> Mental Health <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other (specify) _____ | Ignition source obtained from? (Select one) <input type="checkbox"/> Own home <input type="checkbox"/> Other person/location <input type="checkbox"/> Found outdoors <input type="checkbox"/> Other (Specify) _____ |
| Fire incident result? (Select one) <input type="checkbox"/> Intentional result (intended to ignite/burn all objects that did burn) <input type="checkbox"/> Non-intentional result (fireplay, other fire use that got out of control) | Caregiver at time of incident? (Select one) <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Sitter (approximate age) _____ <input type="checkbox"/> School <input type="checkbox"/> No one <input type="checkbox"/> Other (specify) _____ |
| Where did the incident occur? (Select one) <input type="checkbox"/> Inside family home (single family home) <input type="checkbox"/> Inside family home (apartment/multi-family) <input type="checkbox"/> Other structure at home (shed, garage, etc.) <input type="checkbox"/> Yard at home <input type="checkbox"/> Park/Field/Vacant Lot <input type="checkbox"/> School <input type="checkbox"/> Vehicle (at home or away) <input type="checkbox"/> Other (Specify) _____ | |

FAX or Mail this form to: Charles Luxton, Division of Fire Safety, PO Box 809, Trenton, NJ 08625-0809
DFS Fire Department Services Fax (609) 324-8493

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